

Petkovich Orthopedic and Spine Care, LLC

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March 3, 2017

Edward A. Khatskin, Esq.
Cassiday Schade, LLP
100 North Broadway
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St. Louis, MO 63102

RE: Ronald E. Burt

Dear Mr. Khatskin:

My name is Frank O. Petkovich, M.D. I am a board certified orthopedic surgeon. I attended medical school at St. Louis University School of Medicine and graduated in 1973. Thereafter, I completed a general surgery internship/residency at University of Illinois, Chicago from 1973 to 1974. I then completed a residency in orthopedic surgery at University of Missouri in Kansas City from 1976 to 1980. I completed a fellowship in spinal surgery with Henry LaRocca, M.D. at Tulane University affiliated hospitals in New Orleans, Louisiana in 1985. I have been board certified by the American Board of Orthopedic Surgery since 1983. I have also had board certifications with the American Board of Independent Medical Examiners since 2011 and recertified in 2016. I hold licenses to practice medicine in the states of Missouri and Illinois and have been in private practice as an orthopedic surgeon and spine surgeon from 1980 to the present.

I reviewed medical records pertaining to Ronald E. Burt. Additionally, I reviewed Mr. Burt's Complaint filed in United States District Court, Southern District of Illinois. It is my understanding that Mr. Burt alleges that he was inappropriately or inadequately treated for his complaints of scoliosis, cervical pain, and lumbar pain.

Mr. Burt is now a 50-year-old gentleman. His date of birth is January 17, 1967. Mr. Burt is an inmate in the custody of the Illinois Department of Corrections (IDOC). Because it is relevant to the medications that may be prescribed, it should be noted that Mr. Burt has a history of Hepatitis C, listed as a chronic condition and also he has a history of polysubstance abuse, including cocaine and heroin.

Initially I reviewed Mr. Burt's office visit notes from October 8, 1996 and October 15, 1996. It appears that Mr. Burt complained of knee pain and cervical pain. He stated that he has neck pain since he fell in a shower on October 6, 1996. I reviewed a radiology report for x-rays of the cervical spine taken on October 24, 1996. The radiology report did not show any fractures. It



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contained a final impression of torticollis and scoliosis. Additionally, Mr. Burt's subsequent medical records have scoliosis listed as a chronic condition. In my review of the x-rays, Mr. Burt does not have scoliosis and this is an incorrect diagnosis listed in the chart. It should also be noted that besides the radiology report dated October 24, 1996, no other radiology reports of Mr. Burt's cervical spine include or contained a finding of scoliosis.

As it relate to the impression of torticollis in October 24, 1996 x-ray report, it should be noted that torticollis, which is a condition where the muscles in the neck exhibit flexion, extension or twisting causing the head to tilt, is not a radiological finding and does not belong any radiological report. To the extent that doctor observed Mr. Burt exhibiting symptoms of torticollis on October 24, 1996, those observations could have been symptoms of acute torticollis and would be consistent with Mr. Burt's claim that he fell in the shower on October 6, 1996.

Mr. Burt was seen on multiple occasions with neck and lower back pain. He was seen by Dr. Samuel Nwaobasi with those complaints on November 3, 2012, November 7, 2012, and December 1, 2012. According to the medical records on November 3, 2012, Mr. Burt was seen for continuation of Motrin, which is an analgesic prescription for alleged back pain secondary to scoliosis, and Lubriderm lotion. Dr. Nwaobasi noted that there is no evidence of recent x-rays of the spine to show scoliosis of the spine. Dr. Nwaobasi further noted that the patient has Hepatitis C and is on conservative followup protocol. Dr. Nwaobasi ordered x-rays of the thoracolumbar spine and sacral spine, and prescribed 400 mg of Motrin to be taken three times a day with meals for 3 weeks.

On November 7, 2012, Dr. Nwaobasi noted that a recent x-ray of the lumbosacral spine showed no evidence of scoliosis and discontinued the x-ray he had ordered on November 3, 2012. I have not been able to locate or review what has been referred to as a recent x-ray in November 12, 2012 medical record. However, as explained below, the lack of that x-ray is non-determinative because subsequent x-rays taken on December 5, 2012 and December 4, 2013 show that Mr. Burt does not have scoliosis; the scoliosis diagnosis in 1996 is incorrect. Because scoliosis does not correct itself, and there was no evidence of scoliosis on the x-rays taken in 2012 and 2013, Mr. Burt did not have scoliosis in 1996.

On December 1, 2012, Mr. Burt was again seen by Dr. Nwaobasi as a followup to the November 3, 2012 medical visit. Dr. Nwaobasi noted that Mr. Burt had a history of cervical spine pain and that the recent x-rays of the cervical spine to assess the degree of scoliosis and there was no clinical history of paresthesias or numbness. Dr. Nwaobasi ordered an x-ray of the cervical spine and prescribed 600 mg of Motrin to be taken three times per day with meals for 2 months.

According to medical records, x-rays of the cervical spine were taken on December 5, 2012. I reviewed x-ray films and reports from December 5, 2012 x-rays. The x-rays show good structural alignment with some mild degenerative disc changes at the C4-C5 level. I also reviewed x-ray films and reports of the x-rays taken on December 4, 2013. Those were x-rays of the thoracic

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spine taken and show good structural alignment with no bony abnormalities. I also reviewed x-ray films and reports of the lumbar spine taken on December 4, 2013 which show mild degenerative changes at the L5-S1 level with no acute findings. These x-rays of the cervical and thoracic and lumbar spine show only mild degenerative changes at the C4-C5 level and the L5-S1 levels. There is no evidence of scoliosis on these x-rays. The mild degree of degenerative changes is consistent with a person of Mr. Burt's age and is not at all severe enough to cause problems or pain that requires anything other than an occasional mild analgesic such as ibuprofen. In fact, a majority of the population in their 50s exhibit similar degenerative changes in their spine. These changes are consistent with aging. No type of surgical intervention is indicated for Mr. Burt's spine.

On December 24, 2013, Mr. Burt was seen by Dr. Trost with complaints of cervical pain. According to the medical record, Mr. Burt appeared to be in no distress and the range of motion in his neck appeared to be intact. Dr. Trost assessed Mr. Burt with having degenerative disease at C4-C5. He prescribed exercises and meloxicam to be taken as needed. On March 27, 2014, Dr. Trost saw Mr. Burt again. According to the medical record, Mr. Burt had relief with Mobic. Mobic and meloxicam are the same medication. Dr. Trost prescribed Mobic to be taken twice a day as needed for 6 months. On October 6, 2014, Dr. Trost saw Mr. Burt again for complaints of tingling in his right leg. Mr. Burt appeared to be alert and in no acute distress. According to the medical record, his neurological findings appear to be normal and he ambulated well. I reviewed x-rays of the lumbar spine taken on October 16, 2014. The x-rays of the lumbar spine show mild degenerative disc disease at the L5-S1 level. Again, no scoliosis is evident based on these x-rays. Though on October 6, 2014, Mr. Burt self reported tingling in his right leg of three days duration, nothing in the medical records and the x-rays taken on October 16, 2014 indicate sciatica or any other related neurological condition.

I reviewed the Second Amended Complaint filed on March 8, 2016. It appears Mr. Burt is claiming that the medical personnel at the prison did not treat him properly and that he needed some type of surgery. After reviewing the above medical records, it is my opinion that Mr. Burt does not have anything wrong with his cervical, thoracic, and lumbar spine other than some mild degenerative changes as discussed above at C4-C5 and L5-S1. As explained above, the mild degree of degenerative disease is consistent with a person of Mr. Burt's age and is not at all severe enough to cause problems or pain that require anything other than an occasional mild analgesic.

Any subjective complaints of excruciating or unbearable pain are not supported by the medical records. It is unlikely that the patient with Mr. Burt's findings, would experience anything other than an occasional mild discomfort which should be treated with over-the-counter analgesics. Therefore, Mr. Burt's condition requires no treatment, other than an occasional over-the-counter mild antiinflammatory medication such as Motrin 400 mg. Additionally, there is no indication for physical therapy. Mr. Burt's range of motion has not been impacted. Medical records indicated that Dr. Trost suggested that Mr. Burt perform neck exercises after coming in for complaints of cervical pain. Nothing in the medical records, except for subjective complaints of pain, indicated

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the need for any cervical exercises. But to the extent that any exercises are performed by Mr. Burt, the intensive exercise regimen that would be given in physical therapy will not accomplish anything more than what has already been prescribed by Dr. Trost. Finally, there is certainly no need for any type of surgical intervention on Mr. Burt's spine.

The diagnosis of scoliosis in Mr. Burt's chart is incorrect. On review of the x-rays, there is no indication of scoliosis.

All of the opinions expressed in this report are within a reasonable degree of medical certainty.

Sincerely,



Frank O. Petkovich, M.D.

FOP:MT/SSG